



**CAMPAIGN FINANCIAL DISCLOSURE REPORT**  
**SUMMARY PAGE**  
(Please Print or Type)

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Kingstord for Commissioner</b>		Office Sought (if candidate) <b>Commissioner</b>	District (if any)
Mailing Address <b>PO Box 594</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>Boise, ID 83701</b>	Home Phone <b>888-5388</b>
Name of Political Treasurer <b>Wayne Crookston</b>		Work Phone <b>364-2333</b>	
Mailing Address <b>302 W Idaho</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>Boise, ID 83702</b>	Home Phone <b>888-7009</b>
		Work Phone <b>333-1418</b>	

**Section II**

**TYPE OF REPORT**

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from 10 / 1 / 00 through 10 / 22 / 00

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report      | <input checked="" type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)<br>(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report    | <input type="checkbox"/> 30 Day Post-General Report          | <input type="checkbox"/> Quarterly (July 30)<br>(only filed by ballot measure committees)  |
| <input type="checkbox"/> October 10 Pre-General Report | <input type="checkbox"/> Annual Report                       |  |

Is this Report an amendment? ☐ Yes ☒ No

Is this a Termination Report? ☐ Yes ☒ No

**Section III**

**STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES**

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

☐ I hereby certify that I have received no contributions and have made no expenditures during this reporting period from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

**Section IV**

**SUMMARY**

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

**COLUMN I  
This Period**

**COLUMN II  
Calendar Year to Date**

Line 1: Cash on Hand January 1, This Year*	\$ XXXXXX	\$ 2,497.26
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 2,070.81	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 150.00	\$ 1,625.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 2,220.81	\$ 4,122.26
Line 5: Total Expenditures (Enter amount from page 2)	\$ 172.00	\$ 2,073.45
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 2,048.81	\$ 2,048.81

\*This same figure should be entered on line 1 of all reports filed this calendar year.

\*\*You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period. Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

**Section V**

**CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES**

**Contributions Pledged** during this reporting period but not yet received: ☒ None ☐ \$ \_\_\_\_\_ (see attached Schedule C-2A)

**Incurred Expenditures** during this reporting period but not yet paid: ☒ None ☐ \$ \_\_\_\_\_ (see attached Schedule C-2B)

**Section VI**

**CERTIFICATION**

**Return This Report To:**  
**Pete T. Cenarrusa**  
**Secretary of State**  
**PO Box 83720**  
**Boise ID 83720-0080**  
**fax: (208) 334-2282**

I Grant P. Kingstord, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Grant P. Kingstord*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee

Kingsford for Commissioner

Report Covering the Period

From 10 / 1 / 00 to 10 / 22 / 00

### UNITEMIZED CONTRIBUTIONS

Contributions of Fifty Dollars (\$50.00) or Less This Period

Total  
Number 3Total  
Amount \$ 150.00

### UNITEMIZED EXPENDITURES

Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total  
Number 0Total  
Amount \$ 0

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>150.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>0</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>150.00</u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>0</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>172.00</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>172.00</u>

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Kingsford for Commissioner

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
____/____/____	1. _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	2. _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	3. _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	4. _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	5. _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	6. _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	7. _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	8. _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	9. _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	10. _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ _____	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ _____

**SCHEDULE B**  
**ITEMIZED EXPENDITURES**  
of Twenty-Five Dollars (\$25.00) or more this period

Page 1 of 1

Name of Candidate or Committee

Kingsford for Commissioner

Column A

Column B

Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10/2/2000	Special Olympics c/o Ruby Stone 6604 Holiday Drive Boise, ID 83709	\$ 100.00	\$ _____
Purpose of Above Expenditure: Advertising			
10/10/2000	Holly Cawley 1911 W Tracy Court Meridian, ID 83642	\$ 72.00	\$ _____
Purpose of Above Expenditure: PO Box and Labor			

Subtotals of Columns A and B

\$ 172.00

\$

Total This Page (add columns A and B

\$ 172.00

**SCHEDULE C-2A**  
**CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

Name of Candidate or Committee <u>Kingsford for Commissioner</u>	Report Covering the Period From <u>10/1/00</u> to <u>10/22/00</u>
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**Directions:** Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

**Line 1: Pledged Contributions of \$50.00 or Less This Period:** Total Number 0 Total Amount \$ 0

**Pledged Contributions of More Than \$50.00 This Period:**

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	1. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	2. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	3. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	4. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	5. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	6. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	7. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	8. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	9. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	10. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	11. _____	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00 \$ 0

Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1) \$ 0

Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total in Section V, page 1. \$ 0

**SCHEDULE C-2B**  
**EXPENDITURES INCURRED BUT NOT YET PAID**

Name of Candidate or Committee <u>Kingstord for Commissioner</u>	Report Covering the Period From <u>10 / 1 / 00</u> to <u>10 / 22 / 00</u>
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**Directions:** Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service, but did not make payment before the end of the reporting period. Do not include these entries on Schedule B until you actually make payment.

**Line 1: Incurred Expenditures of Less Than \$25.00 This Period:**      Total Number 0      Total Amount \$ 0

**Incurred Expenditures of \$25.00 or More This Period:**

Date Incurred	Full Name, Mailing Address and Zip Code of Recipient	Amount Incurred
<u>  /  /  </u>	1. <u> </u>	<u> </u>
<b>Purpose of Above Expenditure:</b>		
<u>  /  /  </u>	2. <u> </u>	<u> </u>
<b>Purpose of Above Expenditure:</b>		
<u>  /  /  </u>	3. <u> </u>	<u> </u>
<b>Purpose of Above Expenditure:</b>		
<u>  /  /  </u>	4. <u> </u>	<u> </u>
<b>Purpose of Above Expenditure:</b>		
<u>  /  /  </u>	5. <u> </u>	<u> </u>
<b>Purpose of Above Expenditure:</b>		
<u>  /  /  </u>	6. <u> </u>	<u> </u>
<b>Purpose of Above Expenditure:</b>		
<u>  /  /  </u>	7. <u> </u>	<u> </u>
<b>Purpose of Above Expenditure:</b>		
<u>  /  /  </u>	8. <u> </u>	<u> </u>
<b>Purpose of Above Expenditure:</b>		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more      \$ 0

Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1)      \$ 0

Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1.      \$ 0